

**EXEMPT EMPLOYEE
BI-WEEKLY ATTENDANCE REPORT**

INSTRUCTIONS:

1. Mark number of days to be charged in appropriate column.
2. Forms must be in the Payroll Department by 10:00 A.M. on the "Time Card Due Date."
No Calls will be made to secure missing reports.
3. The form covers the designated Bi-Weekly pay period. You should account for all days (except weekends) during the pay period. If you are absent for part of a day, indicate how many hours you were gone and the reason for your absence(s).
4. Payroll must have two weeks notification for advance vacation checks.

NAME: _____

BI-WEEKLY PERIOD
ENDING DATE: _____

DEPARTMENT: _____

FOR THIS PAYROLL PERIOD, MY ATTENDANCE SHOULD BE CHARGED
TO THE FOLLOWING CATEGORIES:

Number of Regular Work Days _____

Number of Sick Time Off* _____

Number of Holidays* _____

Number of Vacation* _____

Number of Bereavement* _____

Number of Jury Service* _____

Number of Medical Leave Time Off* _____

Number of Personal Leave Days*
(Unpaid if no work done on these days) _____

OTHER (Please Specify)* _____

* Please Explain in Detail: (Identify the date(s) you were gone and if you did any work on those days): _____

I certify that my attendance as I have recorded above is correct.

Employee Signature

Date

Department Head Approval

Date